



FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

July 25, 2016

Refer To: DTN2813049 CH36827

BRIDGING FREEDOM, INC.
PO BOX 18984
TAMPA, FL 33679-8984

Dear Sir or Madam:

We are in receipt of your request for a 180 day extension of time to submit the financial statement for your renewal.

Chapter 496.407(3), Florida Statutes, effective July 1, 2014, states that upon showing of good cause, the department may extend the time for filing of a financial statement by up to 180 days during which time the registration shall remain active, if an application was submitted and compliant. You must provide the department a completed financial statement on or before January 6, 2017. To ensure proper handling when submitting your financial statement, please reference DTN 2813049. Failure to provide a financial statement by the date shown above will result in the suspension of the registration and may result in fines or penalties as allowed by law. The financial statement must be submitted in one of the following formats:

1. Department's prescribed form;
2. Internal Revenue Service Form 990 and all attached schedules;
3. Internal Revenue Service Form 990-EZ and Schedule O.

Upon receipt of your financial statement, it may be necessary for the department to adjust the fee that was submitted with the renewal statement (application). If additional fees are due, they must be received by the department within fifteen (15) days of the notification to you. If a refund is due, a refund request form will be prepared within fifteen (15) days which you should sign and return to the department.

Please note, the annual renewal statement (application) and applicable fee must be received in this office on or before the expiration date provided on your renewal notice. An extension of time does not apply to any renewal statement. Failure to provide a timely renewal statement may result in fines or penalties as allowed by law.

Thank you for your cooperation. If we may be of further assistance, please contact this office.

Sincerely,

Cassie Miller

Cassie Miller
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
E-mail: cassie.miller@freshfromflorida.com



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COMMISSIONER ADAM H. PUTNAM

July 25, 2016

Refer To: DTN2813049 CH36827

BRIDGING FREEDOM, INC.
PO BOX 18984
TAMPA, FL 33679-8984

Re: Application Under Solicitation of Contributions Act DTN: 2813049
First Notice of Deficiency

Dear Applicant:

The Department received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The application is deficient for the following reasons:

1. A certification, signed by at least one board member attesting that all directors, officers, and trustees of the charitable organization have read and understand the conflict of interest policy, was not provided.
2. Attachment B was not completed. See attached pages with highlighted areas that need to be corrected and returned to this Division.
3. Your previous registration expired July 10, 2016. The Solicitation of Contributions Act provides for a late filing fee assessment of \$25.00 per month or any part of a month. Your application was received 7/13/2016. Please remit \$25.00 in order to complete your renewal.

Remit to: FDACS

PO BOX 6700
TALLAHASSEE FL 32314-6700

Pursuant to Chapter 496, Florida Statutes, this Notice is provided within 15 working days of receiving your application to enable you to correct the cited deficiencies for further review by the Department. Your response to this letter should reference DTN 2813049 and resolve each deficiency cited above; do not submit a partial response.

If you do not correct these deficiencies within 30 days from receiving this Notice your application will be denied and the Department will pursue its available legal remedies. Soliciting Contributions from persons in Florida, or from a physical location in Florida, without being properly registered is a violation of Chapter 496, Florida Statutes.

Thank you for your attention to this matter. If you have any questions regarding your application/filing, please contact the undersigned at the number listed below.

Sincerely,

Cassie Miller

Cassie Miller
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
cassie.miller@freshfromflorida.com

CH 36827

DTN 2813049

CONFLICT OF INTEREST CERTIFICATION

This will certify that Bridging Freedom, Inc. has adopted

NAME OF ORGANIZATION

a policy regarding conflict of interest transactions. The policy has been read and is understood by all of the directors, officers and trustees of the organization. (s.496.405, F.S.)

NAME

1. Laura Hamilton

SIGNATURE

Laura H Hamilton

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

(continue on additional pages if necessary)

ATTACHMENT B
Officers, Directors, Trustees, and Principal Executive Personnel

Please list officers, directors, trustees, and principal executive personnel:

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

1. Last Name, First Name: BARBER, MARK Title: Director
 Street Address: 4401 W KENNEDY BLVD 3RD FLOOR Phone Number: 813-474-4673
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

2. Last Name, First Name: BORDEN, MARY Title: Director
 Street Address: 4401 W KENNEDY BLVD 3RD FLOOR Phone Number:
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

3. Last Name, First Name: COLLIE, VINCENT Title: Director 813-474-4673
 Street Address: 4401 W KENNEDY BLVD 3RD FL Phone Number: 727-828-7000
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

4. Last Name, First Name: HAMILTON, LAURA H Title: President 813-474-4673
 Street Address: 4401 W KENNEDY BLVD 3RD FL Phone Number: 727-828-7000
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): N Y
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

5. Last Name, First Name: HORNER, CAROL S Title: Director 813-474-4673
 Street Address: 4401 W KENNEDY BLVD 3RD FL Phone Number: 727-828-7000
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

6. Last Name, First Name: KELLY, DAVID Title: Director
 Street Address: 4401 W KENNEDY BLVD 3RD FLOOR Phone Number: 813-474-4673
 City, State, and Zip: TAMPA, FL 33609-2048 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

7. Last Name, First Name: SYKES, BECKY Title: Director

7. Last Name, First Name: SYKES, BECKY	Title: Director
Street Address: 4401 W KENNEDY BLVD 3RD FLOOR	Phone Number: 813-474-4673
City, State, and Zip: TAMPA, FL 33609-2048	Compensated (Y/N): N
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Last Name, First Name: WADE, ANGELINE E	Title: Director 813-474-4673
Street Address: 4401 W KENNEDY BLVD 3RD FL	Phone Number: 727-828-7000
City, State, and Zip: TAMPA, FL 33609-2048	Compensated (Y/N): Y
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Last Name, First Name: WILKETT, ALAN	Title: Director
Street Address: 4401 W KENNEDY BLVD 3RD FLOOR	Phone Number: 813-474-4673
City, State, and Zip: TAMPA, FL 33609-2048	Compensated (Y/N): N
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exempt from public records [s. 119.071(4), F.S.] <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Last Name, First Name: Shaw, Steve	Title: Director
Street Address: 4401 W. Kennedy Blvd 3rd Floor	Phone Number: 813-474-4673
City, State, and Zip: Tampa, FL 33609-2048	Compensated (Y/N): N
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Last Name, First Name: Schleper, Denny	Title: Director
Street Address: 4401 W. Kennedy Blvd 3rd Floor	Phone Number: 813-474-4673
City, State, and Zip: Tampa, FL 33609-2048	Compensated (Y/N): N
Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Last Name, First Name:	Title:
Street Address:	Phone Number:
City, State, and Zip:	Compensated (Y/N):
Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	